

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 24 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate C.H. "Bobby" Shown Jr

Address PO Box 373 Ellisville, MS 39437

Telephone (601) 477-9225 Fax _____

Contact Name _____ Email _____

Office Sought Representative Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2450 +\$ 0	\$ 2450	\$ 2450
Total amount of disbursements	\$ 1200 +\$ 0	\$ 1200	\$ 1200
Total amount of cash on hand		\$ 1250	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Bobby Shown
Signature of Candidate

1-24-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee CH. "Bobby" Shaws Jr.
Reporting period 1-1-2010 through 12-31-2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific LLC</u>		<u>12/17/10</u>	<u>\$ 250.00</u>
Mailing Address <u>600 14th St, NW Suite 800</u>		<u>1/1/10</u>	<u>\$</u>
City, State, Zip Code <u>Washington, DC 20005</u>		<u>1/1/10</u>	<u>\$</u>
Name of Employer (Required) <u></u>		<u>1/1/10</u>	<u>\$</u>
Occupation (Required) <u></u>		Aggregate year-to-date	<u>\$ 250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denbury Resources Inc</u>		<u>12/13/10</u>	<u>\$ 500.00</u>
Mailing Address <u>5100 Tennyson Parkway St 1200</u>		<u>1/1/10</u>	<u>\$</u>
City, State, Zip Code <u>Plano, TX 75024</u>		<u>1/1/10</u>	<u>\$</u>
Name of Employer (Required) <u></u>		<u>1/1/10</u>	<u>\$</u>
Occupation (Required) <u></u>		Aggregate year-to-date	<u>\$ 500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Clay Firm (Capitol Advocacy Group) PAC</u>		<u>12/20/10</u>	<u>\$ 500.00</u>
Mailing Address <u>625 N State Street, Suite 201</u>		<u>1/1/10</u>	<u>\$</u>
City, State, Zip Code <u>Jackson, MS 39205-6217</u>		<u>1/1/10</u>	<u>\$</u>
Name of Employer (Required) <u></u>		<u>1/1/10</u>	<u>\$</u>
Occupation (Required) <u></u>		Aggregate year-to-date	<u>\$ 500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>State Farm</u>		<u>12/20/10</u>	<u>\$ 200.00</u>
Mailing Address <u></u>		<u>1/1/10</u>	<u>\$</u>
City, State, Zip Code <u></u>		<u>1/1/10</u>	<u>\$</u>
Name of Employer (Required) <u></u>		<u>1/1/10</u>	<u>\$</u>
Occupation (Required) <u></u>		Aggregate year-to-date	<u>\$ 200.00</u>

Name of Candidate or Committee Clt. "Bobby" Shaws, Jr. Page 2 of 2
 Reporting period 1-1-2010 through 12-31-2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CEAFT PAC</u>		<u>12/10/10</u>	\$ <u>250.00</u>
Mailing Address <u>3000-B N State St</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT & T PAC</u>		<u>8/6/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E Capitol St</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF Railway Co.</u>		<u>8/12/10</u>	\$ <u>250.00</u>
Mailing Address <u>3258 E Chestnut Expressway</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Springfield, MO 65802-2540</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee C.H. Shows Jr
 Reporting period 1-1-2010 through 12-31-2010

ITEMIZED DISBURSEMENTS

A. Full name <u>JCJC Alumni Assoc.</u>	Date (Mo., Day, Year) <u>8/15/10</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>900 S Court St.</u>		
City, State, Zip Code <u>Ellisville, MS 39437</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name <u>JCJC Foundation</u>	Date (Mo., Day, Year) <u>9/10/10</u>	Amount of each disbursement this period \$ <u>400.00</u>
Mailing Address <u>900 S Court St</u>		
City, State, Zip Code <u>Ellisville, MS 39437</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>400.00</u>
C. Full name <u>JCJC Bobcat Club</u>	Date (Mo., Day, Year) <u>10/1/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>900 S Court St</u>		
City, State, Zip Code <u>Ellisville, MS 39437</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$